Under the P	aperwork Reductior	n Act of 199	5, no person are n	equired to		ent and Trade	roved for use through mark Office; U.S. DE ation unless it display	06/30/2010. PARTMENT (OF COMMERCE	
Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Nu	ımber	10/522,877-Cd	0/522,877-Conf. #5247		
FEE TRANSMITTAL					X		ebruary 2, 2005			
For FY 2009							Takehiko NOM	Гаkehiko NOMURA		
101112009					Examiner Name S		S.R. Macauley	s.R. Macauley		
Applicant claims small entity status. See 37 CFR 1.27					AITOTIL		1651			
TOTAL AMOUNT OF PAYMENT (\$) 1,110.00					Attorney Docket No. 0		0020-5340PUS	020-5340PUS1		
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
x Deposit Account Name: Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the									ne filing fee	
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCU	LATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
		FILIN	G FEES Small Entity	SE	ARCH FEES Small Entity		NATION FEES Small Entity			
Application T	<u>ype</u> <u>F</u>	ee (\$)	Fee (\$)	Fee (\$	<u> Fee (\$)</u>	Fee (\$)		Fees F	Paid (\$)	
Utility		330	165	540	270	220	110			
Design		220	110	100	50	140	70			
Plant		220	110	330	165	170	85			
Reissue		330	165	540	270	650	325			
Provisional		220	110	0	0	0	0			
2. EXCESS CLAIM FEES Small En										
ree Description									Fee (\$)	
Each claim over					52	26				
Each independent claim over 3 (including Reissues)							220	110		
Multiple dependent claims								390	195	
								lultiple Dependent Claims		
$\frac{12}{\text{HP = highest number of total claims paid for, if greater than 20.}} = \frac{12}{\text{HP = highest number of total claims paid for, if greater than 20.}}$					0.00	<u>F</u> .	<u>ee (\$) </u>	ee Paid (\$	1	
					e Paid (\$)					
2 -7 or HP = 0 × 220.00 = 0.00 HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00										
SUBMITTED BY	_									
Signature	and D	.,0	0		Registration No. (Attorney/Agent)	36,623	Telephone	(858) 356	3-5959	
Name (Print/Type)					, morrojn igenti	······································		lovember i		